

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2007
Secretary of State**

DOCUMENT# P02000094977

Entity Name: SHRI ENTERPRISES, INC.

Current Principal Place of Business:

New Principal Place of Business:

1799 SCARLETT AVE
NORTHPORT, FL 34289

Current Mailing Address:

New Mailing Address:

1799 SCARLETT AVE
NORTHPORT, FL 34289

FEI Number: 56-2290896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEVAGUPTAPU, RAVI
1799 SCARLETT AVE
NORTH PORT, FL 34289 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

_____ Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEVAGUPTAPU, RAVI V
Address: 1799 SCARLETT AVE.
City-St-Zip: NORTHPORT, FL 34289

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: DEVAGUPTAPU, PALLAVI R
Address: 1799 SCARLETT AVE
City-St-Zip: NORTHPORT, FL 34289

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RD

P

04/02/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date